



AFFORDABLE CARE ACT

2014 MEDICAID EXPANSION OVERVIEW

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Over 90% of Washington's uninsured under age 65 could *potentially* be eligible for subsidized coverage through Medicaid, the Basic Health Option or a Health Insurance Exchange

It is estimated in the first years that 500,000 people could be eligible for Medicaid alone. These consumers will be considered "newly eligible" if their household income is below 133% FPL (138% with a 5% disregard=133%)

A one person household at 133% FPL is \$1,274 per month or \$15,290 annually.

Decisions need to be made on what optional Medicaid programs will continue after 2014

MEDICAID EXPANSION IMPACTS

Anticipated enrollment of up to 250,000 Newly Eligible individuals in the first years

- Age 19 – 64 who are not eligible for a current Medicaid program, not entitled to Medicare and have income under 133% FPL (138% with a 5% disregard=133%) A one person household at 133% FPL is \$1274/month. This will include individuals currently on the Medical Care Services program or Basic Health.
- The State will receive 100% federal match for the first three years (2014-2016). Beginning in 2017, the match rates are as follows:
 - 2017 95%
 - 2018 94%
 - 2019 93%
 - 2020+ 90%

MEDICAID EXPANSION IMPACTS

- **Anticipated enrollment of up to 78,000 “Welcome Mat” individuals in the first years**
 - Currently eligible for Medicaid but not enrolled
 - Will receive the current FMAP rate for these individuals

- **Conversion of up to 800,000 current Medicaid/CHIP Recipients**
 - Children (Apple Health for Kids),
 - Pregnant women
 - Families

 - Will receive the current FMAP rate for these individuals

MODIFIED ADJUSTED GROSS INCOME (MAGI)

- Streamlines income eligibility by consolidating 8 existing Medicaid coverage groups into 3:
 - Children
 - Pregnant women
 - Families (Parents/Caretaker relatives)
- Requires adoption of MAGI methodology for determining eligibility. This methodology mirrors federal tax filing income and household composition rules
- Replaces multiple income disregards with one 5% disregard for all programs
- No asset/resource limit
 - *The following groups will remain receiving “classic Medicaid” and will not have any changes in eligibility in 2014:*
 - *Aged, Blind or Disabled Individuals*
 - *Foster Care Children*
 - *SSI Cash Recipients*

ADMINISTRATIVE SIMPLIFICATION

Medicaid Expansion under ACA will allow for:

- Electronic data matching, which will streamline eligibility
- Data matching provides the state with the opportunity to create a new “consumer friendly” eligibility determination experience to meet federal expectations and to maximize administrative efficiencies

SIMPLE & STREAMLINED APPLICATION PROCESS OVERVIEW



- Consumers can complete a simple and streamlined application online or
- Applications may be submitted by phone, mail or walk-in

APPLICATION – BEHIND THE SCENES

Applications enter through the Exchange web portal regardless of how it is submitted (phone, mail, walk-in or online)

Household information is data matched against:

- SSA
- IRS (Federal Data Hub)
- Employment Security
- PARIS
- TALX
- Other



PURPOSE - determine household's Modified Adjusted Gross Income

GOALS - real time eligibility determination, consumer friendly and decisions made within 15-20 minutes

DATA MATCH IS COMPLETE – IS IT CORRECT?



Information comes back to the consumer displayed on the screen for confirmation – Is this correct?

- If correct – consumer clicks “yes”
- If incorrect – consumer clicks “no”

IF “YES” AND UNDER 133% FPL

Consumer is:

- Now Medicaid eligible
- Advised they are Medicaid eligible
- Ready to be enrolled in a managed care plan
- Eligible back to the first of the month they applied

Consumer receives a notification of approval

IF “NO”

Consumer is asked to provide current household income

We call this “*self-attestation*”

- If self-attestation of income is under 133% FPL
 - Medicaid is approved
- If self-attestation of income is over 133% FPL
 - Consumer is cycled back through the Exchange for an advanced premium tax credit subsidy determination
 - Exchange rules now apply related to income verification

DID THE CONSUMER ENTER THE CORRECT BUCKET?



From an eligibility quality assurance perspective:

- We must ensure the eligibility determination for Medicaid and CHIP is correct. This will be completed by using a very robust “post-Medicaid eligibility” data matching and audit process.

“Reasonable Compatibility” will aid in determining which cases should be selected for a post-audit review

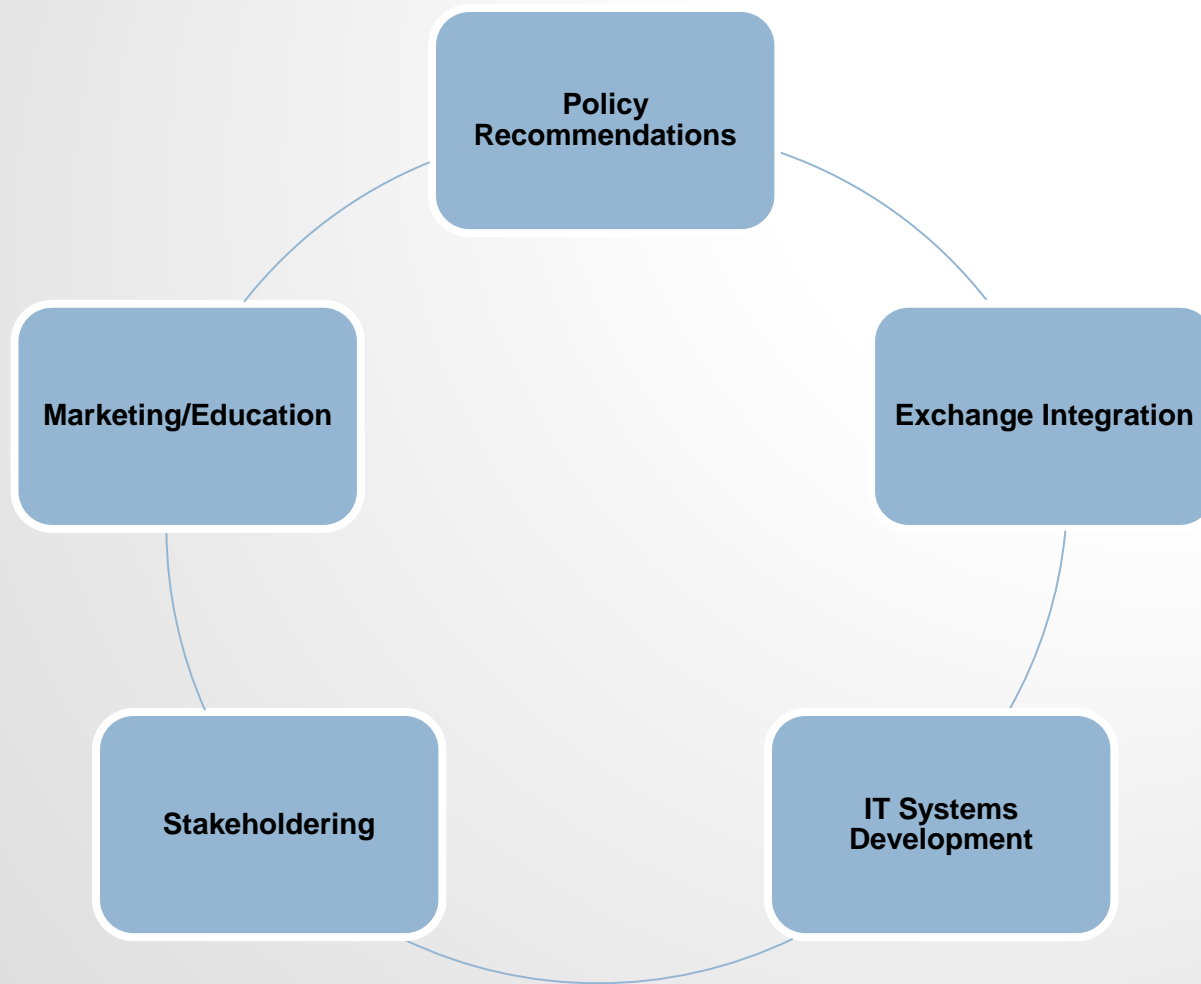
- Current income data matches will be compared to the consumers self-attested income.



To date, a great deal of work has been done, but still more is needed to reach our January 1, 2014 implementation goal.

Our runway gets shorter **AND SHORTER** every day.....

IMPLEMENTATION STEPS FOR EXPANSION



POLICY RECOMMENDATIONS UNDER DEVELOPMENT

MAGI

- Conversion
- Methodology

Eligibility

- Simplified Application
- Renewal Process
- Change of Circumstances
- Newly Eligible Targeted Enrollment
- CHIP Expansion

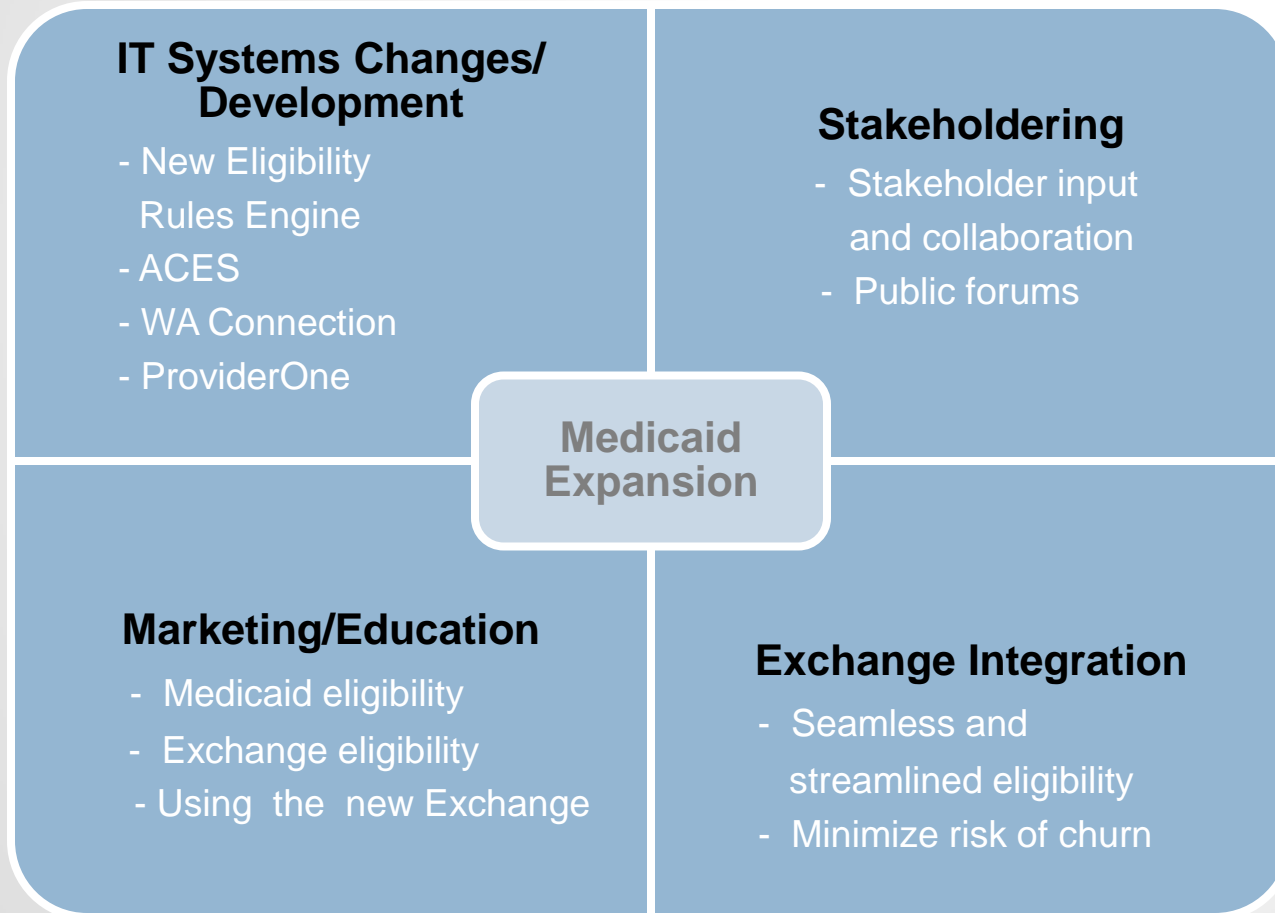
Exchange

- Recipient Conversion to Exchange
- Redetermination/Churn

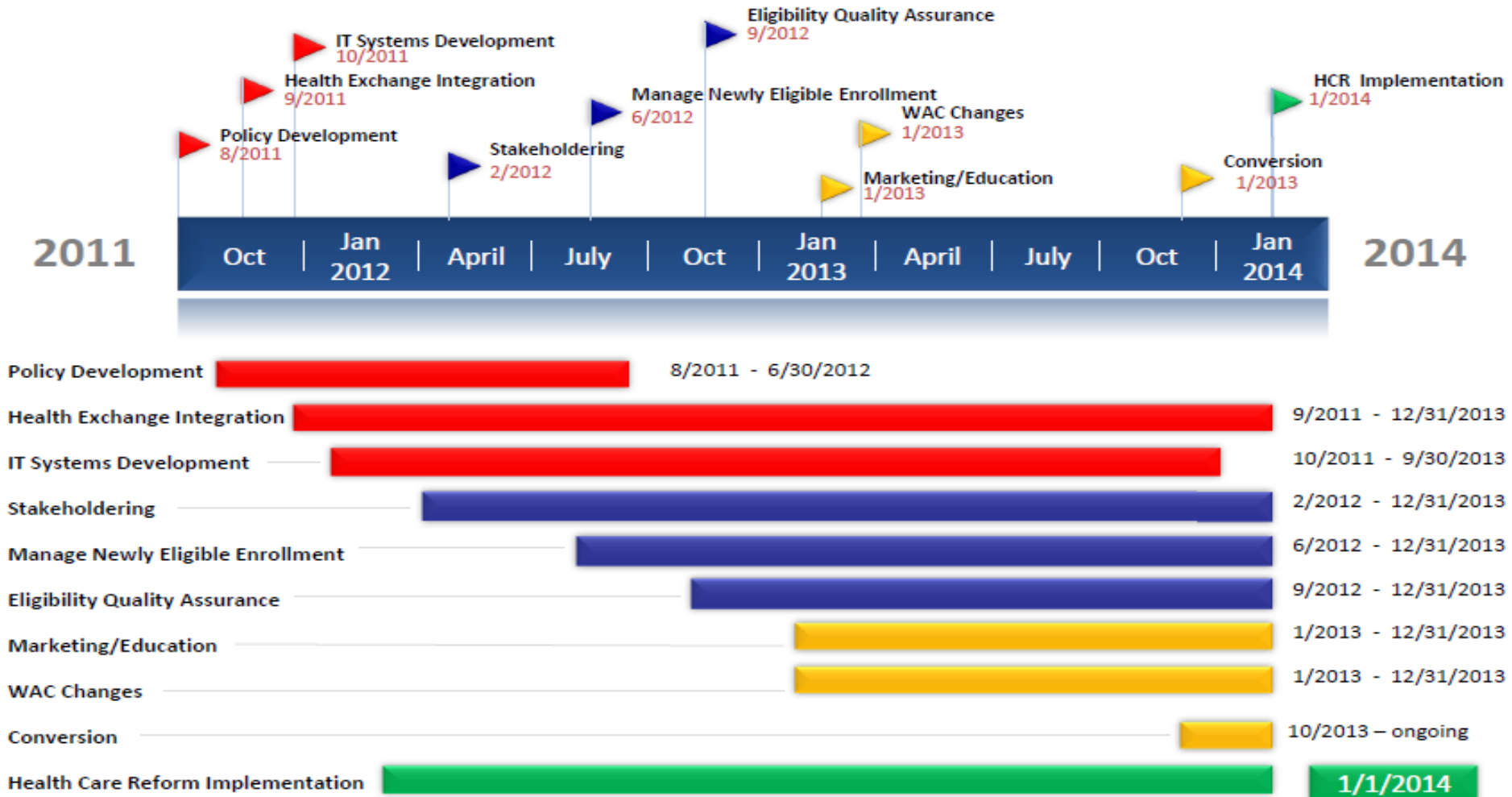
Eligibility Quality Assurance

- Reasonable Compatibility
- Overpayments/Fraud
- Administrative Fair Hearings

OTHER COORDINATION



Health Care Reform Medicaid Expansion



MEDICAID EXPANSION

Please visit the Medicaid Expansion 2014 website at <http://www.hca.wa.gov/hcr/me> which includes the following information:

- Policy Options
- Timeline
- Stakeholdering
- Implementation Plan
- Frequently Asked Questions

Questions and comments about Medicaid Expansion 2014 can be sent to:

medicaidexpansion2014@hca.wa.gov